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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 4 2005

TED STRICKLAND FOR CONGRESS

c/o WANDA KUHAIS, TREASURER

ADDRESS (number and street) P.O. Box 355

1795 LUTHER ROAD

MUNDEGA WA 45653-0355

(Check if address  
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

W.KUHAIS@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL) NONE

COMMITTEE'S FAX NUMBER

740-820-4401

2. DATE

08 15 2003

3. FEC IDENTIFICATION NUMBER ▶

000265892

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

WANDA KUHAIS

Signature of Treasurer

*Wanda Kuhais*

Date

08 15 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-3530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought: House  Senate  President  State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

TED STRICKLAND FOR CONGRESS

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name WANDA KUHNS

Mailing Address PO Box 255

MARIETTA OH 45753-0255

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 740-820-8538

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer WANDA KUHNS

Mailing Address PO Box 255

MARIETTA OH 45753-0255

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 740-820-8538

Full Name of Designated Agent FRANKIE STRICKLAND

Mailing Address 5361 COLUMBUS WAY

COLUMBUS OH 43221-1515

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 614-532-1946

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FIRST IVAR BANK

Mailing Address

1500 CHALMERS STREET

PORTSMOUTH VA 23762

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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